

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/622 564 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4		1				
5		1				
6		1				
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TOTAL IND.	3		3			
TOTAL DEP.	6	↔	6	↔	↔	
TOTAL CLAIMS	9		9			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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TOTAL IND.						
TOTAL DEP.		↔		↔	↔	
TOTAL CLAIMS						